

APPLICATION FOR PERMIT
TO REMOVE OR DESTROY
SURVEY MONUMENT

PERMIT NO.

You are hereby authorized to remove or destroy
the described survey monument(s):

AUTHORIZING SIGNATURE/DATE

(DNR or Other Authorizing Agency)

APPLICANT INFORMATION:

NAME: **Clark County Surveyor’s Office** TELEPHONE NO: (360) 397-6118 DATE: 3-21-00
PO Box 9810
Vancouver, WA 98668

I estimate that this work will be finished by (date)_____.

_____ I request a variance from the requirement to reference to the Washington Coordinate System. (Please provide your justification in the space below.)

The coordinate scheme from the latest adjustment is on file at the Clark County Surveyor’s Office.

The variance request is ___ approved; ___ not approved. (FOR DNR USE ONLY) Reason for not approving:

MULTIPLE MONUMENTS:

 X Check here if this form is being used for more than one monument. You must attach separate sheets showing the information required below for each monument affected. You must seal, sign and date each sheet.

See Record of Survey (Book , Page) attached to this application.

INDEXING INFORMATION FOR AN INDIVIDUAL MONUMENT:

1) THE MONUMENT IS LOCATED IN: SEC_____TWP_____RGE_____ 1/4-1/4
2) ADDITIONAL IDENTIFIER: (e.g., BLM designation for the corner, street intersection, plat name, block, lot, etc.)

See Record of Survey (Book , Page) attached to this application.

MONUMENT INFORMATION: Describe: 3) the monument/accessories found marking the position,
4) the temporary references set to remonument the position (include coordinates when applicable), and
5) the permanent monument(s) to be placed on completion (if a permanent witness monument(s) is set include the references to the original position).

See Record of Survey (Book , Page) attached to this application.

SEAL/SIGNATURE/DATE SIGNED

COMPLETION REPORT FOR MONUMENT REMOVAL OR DESTRUCTION

(TO BE COMPLETED AND SENT TO THE DNR AFTER THE WORK IS DONE.)

_____ I have perpetuated the position(s) as per the detail shown on the application form.

SEAL/SIGNATURE/DATE SIGNED

OR

_____ I was unable to fulfill the plan as shown on the application form. Below is the detail of what I did do to perpetuate the original position(s). (If the application covered multiple monuments attach sheets providing the required information. Seal, sign and date each sheet.)

SEAL/SIGNATURE/DATE SIGNED